



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 20.17

Subject: Management of Pharmaceuticals/Hazardous Medical Devices

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Local Procedures: No
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Application

To All Department of Children's Services Superintendents, Youth Development Center Health Administrators, and Health Care Employees

Authority: TCA 37-5-106, TCA 63-1001, TCA 63-1002

Policy

All Department of Children's Services (DCS) facilities shall regulate the handling of medications, syringes, needles, and hazardous medical instruments used within the facility, in accordance with professional standards of care, good security practices, and appropriate state and federal laws and procedures.

Procedures

A. Facility unit procedures

Written Procedures

Each health administrator must maintain in the health services operators manual written procedures covering the control of medications, syringes, needles, and hazardous medical devices within the center. These procedures must include provisions for the following:

1. Storage

The procedure must identify and describe the vault, safe, or secured storage room provided and must provide for the safe storage of medication, syringes, needles, and hazardous medical devices in accordance with ACA standards.

2. Keys

The procedure must restrict the use of keys and must identify staff that has approved access to the items listed above.

3. Inventory

Procedures must require that nursing staff must keep an accurate perpetual inventory covering:

- ◆ Medications
- ◆ Needles
- ◆ Syringes
- ◆ Hazardous instruments
- ◆ Alcohol
- ◆ Narcotics

4. Records

The procedure must require records concerning medications, needles, syringes, and hazardous instruments to be maintained either in a central warehouse or the clinic. The records must include

- ◆ Purchase orders/requisitions
- ◆ Items received at the facility
- ◆ Date of delivery and signature of party who received needles, syringes, or hazardous instruments

5. Disposable needles and syringes

Written procedures must specify how to remove and destroy disposable needles and/or syringes. Procedures must include a requirement that records be maintained showing the number destroyed and the initials of the staff member responsible.

6. Outdated/discontinued medications

The procedure must describe the process for disposal of outdated or discontinued medications in accordance with the Tennessee Board of Pharmacy Laws and Regulations and must require that a record be maintained of such disposal.

**B. Prescription of
medications**

1. Who may prescribe

- a) Prescription medications must not be administered to youth without the order of a licensed physician, dentist, or other independent provider licensed to prescribe medications.

- b) A physician may delegate the prescribing of certain medications to a physician assistant (P.A.) or nurse practitioner (N.P.) only in accordance with DCS Policy 20.4, *Standing Medical Orders and Protocols*.

2. Documentation

- a) The medical provider must document prescriptions for youth on NCR form 1206, *Physician's Orders*.
- b) A copy of the order/prescription must be forwarded to the pharmacist, and the nursing staff must maintain a copy in the health record.
- c) If prescriptions are received from outside consultants on a standard prescription blank, they must be reviewed by a contract physician who will take appropriate action; if the prescription is not used, the contract physician should write void on it and put it in the youth's chart.

3. Maintenance of prescription items

- a) Prescription items administered under the direct supervision of the physician (vaccines, insulin, etc.) may be maintained in facility clinics.
- b) These items must be double-locked to assure security and accountability.
- c) Once an insulin vial has been violated (a needle inserted), it must be dated. When 30 days have elapsed since initial use, the insulin must be properly disposed of.

**C. Stop orders on
prescription
medications**

1. Periodic review of prescriptions

- a) The physician must periodically review medication prescriptions for youth to ensure that the medication therapy remains appropriate to the need of the individual.
- b) Under all circumstances youth must have their medication therapy reviewed by a physician, dentist, or P.A./N.P. no less frequently than every 30 days and the medication(s) reordered as appropriate.

2. Automatic stop orders

- a) Automatic stop orders of medications apply to all medication orders **unless**:
 - ◆ The order indicates an exact number of doses being prescribed
 - ◆ A period of time or duration is specified, or

- ◆ The attending practitioner reorders the medication.
- b) Automatic stop orders are as follows:
 - ◆ Antibiotics—10 days
 - ◆ Psychotropics—30 days
 - ◆ Gastrointestinal medications—30 days
 - ◆ Cardiovascular medications—30 days
 - ◆ Antiasthmatic medications—30 days
 - ◆ Antihypertensive medications—30 days
 - ◆ Anticonvulsant medications—30 days
 - ◆ Non-narcotic analgesics—10 days
 - ◆ Controlled substances-Schedule II—3 days
 - ◆ Controlled substances excluding Schedule II—7 days

**D. Conformance with
practitioners'
medication orders**

1. Written orders

Medications must be administered in accordance with the written orders of the attending physician, dentist, or other independent providers (P.A. or N.P.), under physician supervision.

2. Verbal orders

- a) Independent providers' verbal orders for medication must be
 - ◆ Given only to a licensed nurse, pharmacist, or P.A./N.P.
 - ◆ Immediately recorded in the health record on NCR form 1206, *Physician's Orders* AND
 - ◆ Signed by the person receiving the order.
- b) Verbal orders for Schedule II medication are permitted only in the case of a bona fide emergency situation and must be countersigned by the attending physician within 48 hours.

3. Record of errors

Form CS-0082, *Medication and Treatment Errors/Omissions*, must be properly completed in the case of medication or treatment errors, omissions, or irregularities.

- a) The individual responsible for making or finding the error, or the supervisor, must document the error.

- b) A copy must be forwarded to the individual responsible for the error and to the health administrator.
- c) The form CS-0082, *Medication and Treatment Errors/Omissions*, must not be placed in the health record. The information must be used for risk management purposes to minimize the future occurrence of similar incidents.

**E. Substitutions of
equivalent
medication
products**

1. Generic medications

- a) Local pharmacists/pharmacies on contract with the facility to provide pharmacy services may, if indicated by provider, substitute a less costly generic medication in order to lower the cost of prescription medications for the state.
- b) The pharmacist may not make any such substitution if the practitioner indicates, "dispense as written".

2. Substitutions

No substitutions for the specific medicine mentioned in the provider's prescription are allowed other than those constituting a less expensive therapeutically equivalent medication product containing the same active ingredient or ingredients, dosage form, and strength, as set out in the medication listing established by the Tennessee Board of Pharmacy, as provided by state law.

**F. Pharmacy service
arrangements**

1. Formal arrangements

There must be a formal and pragmatic arrangement for pharmacy services for each youth development center, as dictated by need. Such means may include:

- ◆ An interdepartmental agreement with Department of Corrections, or
- ◆ An agreement with a local community pharmacy.

2. Bulk stock

Under no circumstances must a facility procure or maintain bulk stocks of prescription medications unless it operates a licensed pharmacy.

3. Periodic inspections

- a) The responsible pharmacist must make documented periodic inspections of all medications and pharmaceutical materials kept in areas of the clinic in accordance with state laws.
- b) This inspection must include the pharmacist's review of opened medications, expiration dates, and other pertinent

information and materials.

**G. Procurement of
medication**

1. Local procedures

Each youth development center must utilize procurement procedures relevant to its location, needs, and funding resources.

2. Prescription medications

Prescription medications must be procured from a licensed pharmacy or by state contract in accordance with federal and state laws and regulations.

3. Over-the-counter medications

At the health administrator's discretion, over-the-counter (OTC) medications must be procured through existing state contracts and/or other sources such as local pharmacy purchases.

**H. Medications
brought by youth
at intake**

1. Medications that may be administered

Prescription medications brought in by appropriate personnel with the youth at intake may be administered to them if the following requirements are met:

- ◆ The medication can be positively identified by a registered nurse, physician, or pharmacist
- ◆ The container is airtight and light resistant (if applicable)
- ◆ The container is appropriately labeled with the name, strength of medication, name and address of the dispensing pharmacy or practitioner, dispensing date, and directions for use
- ◆ Prescriptions are labeled with expiration dates (i.e., ointments, inhalers, etc.) That have not expired and/or they have a relatively decent dispensing date (six months) that gives reasonable assurance of stated potency
- ◆ The medication shows no physical evidence of adulteration or deterioration (i.e., discoloration, rancid odor, etc.)

2. Medications that must not be administered

Medications brought into the facility by a new youth that fall into one of the following categories must not be administered, and the health administrator must destroy the medications in accordance with federal and state law:

- ◆ Medications that are not prescribed by the responsible practitioner
- ◆ Misbranded or adulterated medications or medications of questionable identity or potency

- ◆ All controlled substances

3. Follow-up

- a) The youth should be placed on sick call or the doctor notified of prescription and new medication obtained.
- b) Medication from home should be sent back to parents or to central pharmacy for destruction.

I. Medication for youth leaving the facility

1. Transfer of medications to receiving facility

When a youth is transferred from one DCS facility to another, the nursing staff must send any medications which have been individually packaged by the pharmacy for that youth to the receiving facility at the time of the transfer.

- a) At the time of transfer, the nursing staff must package all medications for youth (in their pharmacy container) in a manila envelope or other suitable manner for transfer along with the youth health records.
- b) When health staff have been notified in advance when a youth is to be transferred to a community residential program, the nurse or designee at the sending facility should be sent along a 30-day supply of medication.

2. Medications remaining at the previous facility

Medications left behind must be discarded and a new order initiated by the receiving facility.

3. Medications for chronic illnesses

- a) Youth discharging or transferring because of a court order or who require maintenance prescription medication for the treatment of chronic illness(es) will be issued up to a 30-day supply.
- b) If a youth is released or transferred with insufficient notice to accomplish sending a 30-day supply, a licensed nurse may either provide a written copy of the prescription(s) or send along the prescription container.
- c) The quantity of medication sent with the youth must not exceed the quantity remaining for duration of therapy authorized on the original prescription order on NCR form 1206, *Physician's Orders*.

4. Medications for acute illnesses

- a) Departing youth receiving prescription medication(s) for acute illness(es) will be issued a supply.
- b) The quantity of medication sent with the youth must not exceed the quantity remaining for duration of therapy authorized on the original prescription order on NCR form

1206, *Physician's Orders*.

5. Medications for work, passes, or time off-campus

- a) Youth on prescription medications who are in work programs, on pass, or off campus during medication hours may be given the pre-packaged medication (one dose) with specific instructions on when to take the medicine.
- b) Controlled medications, to include all psychotropics, will be the exception.

6. To whom the medication is given

- a) When a youth 18 years or older receiving prescription medication is discharged or released, the filled prescription may be given to the youth.
- b) In the case of a minor (under 18 years of age) the medication must be given to the parent or legal guardian or mailed to his/her home at the discretion of the health administrator.

J. Formulary

1. Uniform list

A uniform medication formulary must be used to guide medical staff in providing the youth of DCS with the most efficacious and safest medications available. This formulary provides a listing of medications approved for routine use and treatment.

2. Requests for changes/additions

- a) All requests for additions to the formulary must be submitted to the Department of Corrections Formulary and Therapeutic Committee, care of the Special Needs Facility Pharmacy on completed form CS-0168, *Hospital and Medical Services*.
- b) The committee must review these requests at the quarterly meetings and recommend approval or denial according to the majority vote. Notification of formulary additions are issued as the approved medication becomes available.
- c) Additions may not be made without the approval of the Formulary and Therapeutics Committee.

3. Exceptions

Exceptions to the formulary are indicated for the treatment of rare and serious illnesses or unique combinations of medication allergies or medical contraindications.

4. Investigational medications

Medications or dosage forms not yet approved for general marketing by the Food and Medication Administration but are currently undergoing clinical evaluation are considered

investigational medications and must not be accepted for use with the DCS.

5. Conformance of contract providers

- a) Contract providers (physicians, dentists, psychiatrists) must review the formulary as a portion of the Request for Proposal.
- b) All DCS providers must adhere to the formulary and the appropriate addition, deletion, and/or exception provisions and the contracts or agreements with providers must reflect such.

**K. Storage of
pharmaceuticals**

1. Medication room

- a) The health administrator must ensure that there is a secure area, physically separate from other health care services, which are designated as medication room.
- b) The medication room must be located in an area that is not accessible to youth or to unauthorized personnel and that provides security for the medications.

2. Restricted access to medications

Access to medications must be limited to health care personnel authorized by the health administrator.

- a) Insulin and other medications requiring refrigeration must be kept in a locked refrigerator. The refrigerator used for medications must not be used for food, lab specimens, or other storage.
- b) Controlled substances and narcotics must be kept in double locked cabinets or compartments that ensure maximum security and control.
- c) Over-the-counter medications and/or certain other treatment medications such as Lotrimin cream and Betadine swabs may be stored in limited supply in examination rooms, emergency rooms, and/or other designated areas if authorized by the health administrator.
- d) OTC's may be stocked at all facilities.
 - ◆ OTC medications require the same storage arrangements as prescription medications.
 - ◆ Care should be taken to rotate stock to minimize waste.
- e) Arrangements must be made to ensure that emergency medications are secure yet conveniently accessible to health personnel in the event of an emergency.

**3. Separation of medications by location of
administration**

External preparations must be kept separately from oral preparations, and otic (ear) medications stored separately from ophthalmic (eye) preparations. All medications must be in closed containers and correctly labeled.

L. Emergency kits

The health administrator may maintain two emergency kits.

1. Portable trauma kit

One kit may be maintained in a portable container for ease of movement in the case of serious trauma or life-threatening illness or injury.

- a) The trauma kit must be sealed and securely maintained so as not to be accessible to unauthorized individuals.
- b) Both the exterior and interior of the trauma kit must be appropriately labeled in accordance with Tennessee Board of Pharmacy Laws and Regulations.

2. Stat kit

- a) The other emergency medical kit may be utilized to maintain those medications indicated for immediate or stat use.
- b) The health administrator may choose to secure the stock in a locked cabinet or locked drawer.
- c) The health administrator may choose to limit the amount of stock maintained in the clinic according to usage.

3. Medications for emergency use

- a) The facility physician may authorize the maintenance of a limited quantity of emergency medications required for immediate use.
- b) The health administrator and facility physician must jointly agree upon the specific emergency medications and their specific quantities.
- c) The health administrator may choose to limit the amount of stock maintained in the clinic, according to usage.
- d) If the health administrator chooses to keep the following medications, he or she must limit quantities to those listed below:
 - ◆ Amoxicillin 250 mg. caps—30
 - ◆ Penicillin VK 250 mg. tabs—30
 - ◆ Tetracycline 250 mg. caps—30
 - ◆ Dilantin 100 mg. caps—30
 - ◆ Lanoxin 0.25 mg. tabs—5

- ◆ Parafon Forte tabs—30
 - ◆ Hydrochlorothiazide 50 mg.—10
 - ◆ Diazide—30
 - ◆ Aldomet 250 mg.—30
 - ◆ Theodur 300 mg.—30
 - ◆ Amitriptyline 50 mg. tabs—30
 - ◆ Lithium 300 mg. caps—10
 - ◆ Bactrim DS tabs—30
 - ◆ Pyridium 100 mg. tabs—30
 - ◆ Ear: Cortisporin 1x 10 ml
 - ◆ Ear: Otobiotic—Otic 1x 10 ml
 - ◆ Eye: Neosporin—Oph 1x 10 ml
 - ◆ Eye: Decadron—Oph 1x 5 ml
- e) The eye and ear medications must be clearly labeled and separated from each other in the kit so as to avoid any error.

4. Documentation

- a) The clinic personnel must maintain form CS-0128, *Controlled Medication Administration Record*, on each medication contained in the emergency kit as a permanent record of accountability.
- b) Authorized health personnel administering such medication are responsible for properly recording administration on form CS-0074, *Medication Administration Record*.

5. Restocking

- a) Appropriately licensed personnel must restock any medication utilized from the emergency kit within a reasonable time so as to prevent risk of harm to youth and the kit re-secured.

M. Controlled substances

1. Who may prescribe

- a) Practitioners who prescribe controlled substances must be individually registered under applicable federal and state laws.
- b) Practitioners' DEA numbers must be maintained on file at the facility, and a signature card bearing the practitioner's full name and specialty, and DEA number must be maintained by the pharmacy's licensed health care staff.

2. Who may administer

Controlled substances must be administered only on the order of a physician and dentist.

3. Dose-by-dose administration

Controlled substances must be administered by licensed health care staff only on a dose-by-dose basis (under water may be used, unless restricted by the provider), and a youth must not under any circumstances be provided multiple doses for self administration.

4. Perpetual inventory

- a) A perpetual inventory of all medications, narcotics, and controlled substances contained in the emergency kit, if applicable, must be maintained by the health care unit personnel.
- b) The form CS-0128, *Controlled Medication Administration Record*, must be maintained for every type of medication in the kit.
- c) The form CS-0128, *Controlled Medication Administration Record*, must be properly annotated every time one or more doses of a controlled medication is removed from the emergency kit and must include the following information:
 - ◆ Date
 - ◆ Time
 - ◆ Youth's name
 - ◆ Location
 - ◆ Physician responsible for the order
 - ◆ Signature of nurse who administers the medication
 - ◆ Number of units removed from emergency kit/medication storage area
 - ◆ Amount of doses or units added to inventory
 - ◆ Balance or number of doses on hand
 - ◆ Initials of nurses verifying inventory at change of shift
- d) For the emergency kit, nursing personnel must inventory and initial the forms at the change of each shift.
- e) Additionally, narcotics and controlled substances maintained elsewhere in the health areas must be inventoried at the change of each shift by nursing personnel, who must then initial the forms.
- f) Any discrepancies in the controlled medication inventory must be reported in writing to the health administrator of

the unit, and form CS-0082, *Medication and Treatment Errors/Omissions*, must be completed.

**N. Discontinued,
expired, or excess
medication**

1. Periodic date checks

Health care staff must check medications at least monthly or more frequently as necessary for removal of out-of-date medications, unused prescriptions, or medications no longer needed.

2. Removal of old medications

Under no circumstances will out-of-date medications be administered to a patient; they must be promptly removed from stock and properly disposed of in accordance with Tennessee Board of Pharmacy Laws and Regulations.

**3. Return of discontinued/excess prescription
medications**

- a) Health care staff must set aside discontinued or excess prescription medications and return them to the appropriate pharmacy at least every month.
- b) Controlled medications not administered must be sent back to the pharmacy for destruction.
- c) Facilities not serviced by an on-site pharmacy must return their medications to the pharmacy that services them by contract.
- d) Each medication to be returned to the pharmacy must be listed by medication name, strength, and quantity on form CS-0526, *Medications Returned to Pharmacy*.
- e) The sending facility must retain the pink copy and enclose the white and yellow copies of form CS-0526, *Medications Returned to Pharmacy*, with the medication being returned to the pharmacy.
- f) Discontinued medication must not be under any circumstances used for another youth.
- g) A licensed pharmacist must destroy the prescription medications to be discarded. This may be done on-site with a witness and appropriate record maintained, or the medication(s) may be sent to the off-site pharmacy for disposition.

4. Disposal of unused or out-of-date OTC medications

Health care personnel may dispose of out-of-date or unused OTC medications, and must take precautions to ensure that the medication is destroyed and does not become accessible to youth.

**O. Syringe/
instrument
control**

1. Inventory

- a) Each facility must have an inventory system that accounts for syringes, needles, and other instruments that represent a security hazard in youth development centers.
- b) Facility procedures must describe the periodic inventory of hazardous instruments.
- c) All syringes and needles must be maintained so as to ensure control and maximum security.

2. Disposal

Used disposable syringes and needles must be properly disposed of because they are both a hazard to security and a potential health hazard.

Forms

CS-0074	Medication Administration Record
CS-0082	Medication and Treatment Errors/Omissions
CS-0128	Controlled Medication Administration Record
CS-0168	Hospital and Medical Services
CS-0526	Medications Returned to Pharmacy
NCR Form 1206	Physician's Orders (Not a CS form; ordered individually by DCS facilities)

Collateral Documents

Tennessee Board of Pharmacy Laws and Regulations

Standards

3JTS-4C-19